

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/937659 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		1				
3	1			1		
4	1			1		
5	1			1		
6	1			1		
7	1			1		
8	1			1		
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49						
50						
TOTAL IND.			1			
TOTAL DEP.			9			
TOTAL CLAIMS			10			

TOTAL IND. TOTAL DEP. TOTAL CLAIMS